



The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM



UVM ECHO-Transgender Care in the Medical Home

— TRANSGENDER PRESENTATION TEMPLATE —

Return completed forms to ahec@uvm.edu or fax 802-656-3016.

Provider Name:

Provider Practice/City or Town:

Provider Phone Number:

Provider Email:

Does your case focus on one of the planned topics?

If yes, provide session topic:

Which date would you ideally like to present your case?

Do you have specific requests?

- Help with diagnosis/test interpretation
- Help with pharmacologic treatment
- Help with non-pharmacologic treatment
- Other

Please state your question(s) for the UVM ECHO

Patient information:
Patient Age

Patient Preferred Pronouns:
Gender Identity:
Sex assigned at birth:

Surgical Affirmation:

Hormonal Affirmation:

Past Medical History:
Depression and anxiety screening:

Screening Tool	Score
PHQ-9	
GAD-7	
Other	

Current Medications/Vitamins/Herbs/Supplements: Please feel free to attach your patient medication list

Medication	Dose	Comments

Family History:

Smoking History:

Substance Use History:

Social History:

Sexual Relationships:

Support System: Friends Family Community Faith Other:

Pertinent Physical Exam: